



Ad Hoc Pediatric Dental Technical Work Group

March 12, 2014

AGENDA

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Ad Hoc Dental Technical Work Group
Meeting and Webinar
Wednesday, March 12, 2014, 1:30-3:30 p.m.

Covered California
Yosemite Conference Room
560 J Street, Suite 290, Sacramento, CA 95814

March Agenda Items		Suggested Time
I.	Welcome & Agenda Review (Casey Morrigan)	1:30-1:40 (10 min.)
II.	Proposed Dental Benefit Designs, Plan Year 2015	1:40-3:10 (90 min.)
III.	Wrap-Up and Next Steps (Casey Morrigan)	3:10-3:30 (20 min.)

PROPOSED DENTAL BENEFIT DESIGNS

LEESA TORI, SENIOR ADVISOR FOR PLAN MANAGEMENT

PROPOSED DESIGNS SOLVE FOR:

- OPERATIONAL FEASIBILITY
- FINAL FEDERAL REGULATIONS
 - STANDALONE AV REQUIREMENTS
 - OUT OF POCKET MAXIMUM
- COMPLIANCE WITH SB 639
- PRICE STABILITY FOR 93%
- ADHERING TO DENTAL BENCHMARK

PROPOSED STANDARD BENEFIT PLAN DESIGN: 10.0 PLANS

	Key Proposed Design Elements
10.0 – Medical	<ul style="list-style-type: none">• Lowered generic drug copay from \$19 to \$15• Integrated out of pocket maximum of \$6250• 2015 calculator review required
10.0 – Dental	<ul style="list-style-type: none">• Removed dental deductible• Integrated out of pocket maximum of \$6250• Copay schedule proposed

PROPOSED DESIGN – EMBEDDED DENTAL

Proposed Design - Embedded Pediatric Dental		
Procedure Categories	Member Copay	Member Coinsurance
	Pediatric	Pediatric
Diagnostic & Preventive (D&P)	\$0	0%
Office Visit	\$0	0%
Basic Services - Basic Restorative	See proposed standardized copay amounts for select procedures	20%
Major Services - Crowns & Casts, Prosthodontics, Endodontics, Periodontics, Oral Surgery		50%
Orthodontics (Medically Necessary)	\$1,000	50%
Deductible	\$0	\$0
Annual Limit	No Annual Limit	No Annual Limit
Out of Pocket Maximum	\$6,250*	\$6,250*
Waiting Periods	No Waiting Period	No Waiting Period

*The out of pocket maximum for a 10.0 QHP is fully integrated, with both medical and dental costs accumulating to the out of pocket maximum. The maximum is calculated as follows: (Federal out of pocket maximum) minus (SADP or Family Dental Plan out of pocket maximum) equals (QHP out of pocket maximum); numerically as proposed this is \$6,600 - \$350 = \$6,250.

PROPOSED COPAY AMOUNTS

SELECTED PROCEDURES

Proposed Copay Amounts for Embedded and Standalone Plans – Selected Procedures**	
Selected Procedure	Copay
Office Copay	\$0
Oral Exam	\$0
Preventive - Cleaning	\$0
Preventive - X-ray	\$0
Sealants per Tooth	\$0
Fluoride Application	\$0
Space Maintainers - Fixed	\$50
Amalgam Fill - 1 Surface	\$25
Root Canal - Molar	\$350
Gingivectomy per Quad	\$150
Extraction - Single Tooth Exposed Root or Erupted	\$65
Extraction - Complete Bony	\$160
Porcelain with Metal Crown	\$350
Orthodontia - Child - Medically Necessary	\$350

** Copay amounts for procedures not included on this schedule will be billed at plan's standard commercial DHMO amounts.
Full schedule to be submitted with rate proposal.

PROPOSED STANDARD BENEFIT PLAN DESIGN

FAMILY AND PEDIATRIC DENTAL BENEFIT

	Key Proposed Design Elements
Stand Alone Dental Plan (Pediatric .5)	<ul style="list-style-type: none">• \$50 deductible for adults and children in coinsurance design• \$350/\$700 pediatric out of pocket maximum• Copay and coinsurance options• No-cost diagnostic and preventive
Family Dental (Pediatric .5 + Family)	<ul style="list-style-type: none">• \$50 deductible for adults and children in coinsurance design• \$350/700 pediatric out of pocket maximum• Copay and coinsurance options• No-cost diagnostic and preventive• Annual benefit limit and lifetime maximum for adults

ADDITIONAL PROPOSED DESIGN ELEMENTS

- Standalone and Family Dental Plans' actuarial value is to be 85% (+/- 2%).
- Purchasers of Family Dental Plan to include least one adult in the family who enrolls in the Family Dental Plan in the individual Exchange. In SHOP, a purchaser may be a family group as small as one, with no lower age limit.
- Cosmetic orthodontia is not included in any dental benefit design.
- Enrollment in Standalone or Family Dental Plans is available to those who have purchased medical coverage on the Exchange, and not to those who have not enrolled in medical coverage on the Exchange.
- Standalone and Family Dental Plans are secondary to embedded.

Wrap up and next steps

THANK YOU

Send public comments to qhp@hbex.ca.gov